

MDR Tracking Number: M5-04-3370-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-04-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 06/04/04, therefore the following date(s) of service are not timely and will not be considered in the review: 04-29-03 through 06-02-03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO found that only four units of therapeutic exercises (97110) per day from 06-06-03 through 06-16-03 were medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-01-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
06-04-03	97250 97265 97110	\$45.00 \$45.00 \$280.00	\$0.00	No EOB	\$43.00 \$43.00 \$35.00 x 8	1996 Medical Fee Guideline	Neither the requestor nor the respondent submitted copies of EOB's therefore services in dispute that were rendered on 06-04-03 will be reviewed in accordance with the 1996 Fee Guideline. Recommend reimbursement of \$86.00 See rationale below for CPT code 97110.

06-11-03	99080-narrative report	\$70.00	\$0.00	G	one to two pages \$50; each page after two pages-\$20 per page	1996 Medical Fee Guideline Rule 133.106(e) &(f)(2)(A)&(B)	CPT Code 99080 was denied by the carrier with "G"-unbundling. However, according to the 1996 Medical Fee Guidelines, global fees only apply to surgical procedures (per Ground Rules). Recommend reimbursement of \$70.00.
06-23-03	97110 99213 97250 97265 97150	\$360.00 \$48.00 \$45.00 \$45.00 \$30.00	\$0.00	O	\$35.00 x7 \$48.00 \$43.00 \$43.00 \$27.00	1996 Medical Fee Guideline	Requestor submitted convincing evidence of carrier receipt of request for recon eob's. Therefore, the services in rendered on 06-23-03 will be reviewed in accordance with the 1996 MFG. Recommend reimbursement of \$161.00. See rationale below for CPT code 97110.
07-03-03	97110	\$240.00	\$140.00	F	\$35.00 x 8	1996 Medical Fee Guideline	See rationale below for CPT code 97110.
07-08-03	97110	\$240.00	\$140.00	F	\$35.00 x 8	1996 Medical Fee Guideline	See rationale below for CPT code 97110.
09-16-03	99080-narrative report	\$70.00	\$15.00	F	one to two pages \$50; each page after two pages-\$20 per page	Rule 133.103 (e)(f)	Requestor submitted relevant information to support services rendered. Review will be in accordance with Rule 133.103 (e)(f). Recommend additional reimbursement of \$55.00.
TOTAL		\$1518.00					The requestor is entitled to reimbursement of \$372.00.

Rationale for CPT code 97110 - Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 06-06-03 through 09-16-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of December 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO Decision



Specialty Independent Review Organization, Inc.

Amended IRO Decision

11/05/2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3370-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ____ was injured as the result of a repetitive trauma injury of the bilateral wrists and hands on ____ . Ms. ____ presented to Concentra Medical Center and began treatment with Dr. Wright in November of 2002. She was placed on restricted duty. Neurodiagnostic testing indicated median nerve compression/Carpal tunnel syndrome bilaterally according to Bob Niemann, MD. She underwent a workup at Scott and White and multiple peer review/RME examinations. The patient presented to the office of Cody Doyle, DC on 4/29/03 according to the records. An initial examination and functional abilities test were performed. Strength was noted to be decreased with a pain level of 6/10. The follow up functional examination on 6/11/03 noted a decrease in pain scale to a 3/10, generally equivocal ranges of motion and slight increase of

strength in the first position, decrease in fourth and fifth and equal strength in position three and four. The patient was returned to work on 5/1/03 with restrictions while the patient was returned to full duty on 9/16/03. A designated doctor, Peter Robinson, MD, placed the patient at MMI with a 0% IR on 12/4/03. In his report, Dr. Robinson noted that he did not have full documentation in his section *Impressions* on page three of his narrative. Dr. Doyle placed the patient at MMI on 5/18/04 with a 15% WP IR.

DISPUTED SERVICES

Disputed services include therapeutic procedures (97110) on dates of service 6/6/03 through 6/16/03.

DECISION

The reviewer agrees with the previous adverse determination for all services. The reviewer indicates that four units of 97110 were necessary on each date of service and it appears that such an allowance was made by the carrier. The reviewer states that if four units were not paid on each date of service in question that this would be reasonable and medically necessary according to TWCC Rule.

BASIS FOR THE DECISION

The reviewer notes that the provider has been paid for four units of 97110 on each date of service in question. The reviewer states that this is reasonable for the injuries that this patient has sustained. Anything over an hour would not be reasonable or necessary for a rehabilitation program for this patient according to the ACOEM Guidelines and the American Chiropractic Rehabilitation Guidelines. Secondly, according to the daily notes and the reviewer's estimation, the documented exercises should not have taken greater than one hour in any one sitting. The notes documented services well yet the patient had failed to make objective increases beyond the FCE of 6/11/03. The patient returned to work and there is no indication that she required more than supportive care.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO
CC: Specialty IRO Medical Director